

DATE: _____ DTN: _____
 Applicant Company: _____
 Address/Email/Tel No. _____
 LTO No. _____ Validity: _____

PRODUCT INFORMATION

Product Name : _____
 Brand Name : _____
 Sizes : _____

 Packaging : _____
 Registration Number : _____
 Manufacturer : _____
 Packer : _____
 Repacker : _____
 Trader : _____
 Importer : _____
 Exporter : _____
 Distributor : _____
 Suggested Retailer Price : _____
 Number of Samples : _____

APPLICATION DETAILS

Initial _____
 Renewal _____
 Renewal with Surcharge _____
 Re-application (**OLD RSN:** _____) _____
 No. of CPR Validity Applied for (year/s) _____

OTHER REQUESTS

Amendment of CPR Provisional Permit to Carry
 Brand Name clearance Export Certificate
 Re-issuance/Reconstruction of CPR Others, pls. specify

PAYMENT DETAILS

EVALUATOR *CASHIER*
 Fee : _____ Amount : _____
 Legal Research Fee (1%): _____
 Surcharge : _____ OR Number : _____
 TOTAL : _____ Date Issued : _____
 Evaluated by : _____ Received by : _____

RECEIPT DETAILS

Name : _____
 Signature : _____

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